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# PROPHYLACTICS

IN CHARGE OF

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## FOR BETTER PROTECTION

In the need of better protection of the public, that there may be less scourging by the dread epidemics of infectious diseases, all trained nurses may find some opportunity for the realization of their ideals.

Such ideals were very possibly the forces whereby they found their places in the ranks of nurses, and were but vaguely expressed in the desire for usefulness.

Even those idealists who rightly or wrongly became convinced during the period of their training, and suffered disappointment in the belief that machinery has triumphed in our hospitals over the impotence of the individual, may here find scope for their powers.

The facts that the way is long and tedious, the process laborious, and the results not always tangible should not deter us from putting forth every effort and utilizing every means in our power to lessen the spread of infectious diseases.

You ask, "How can this be accomplished?"

We answer, "In many ways."

It may be accomplished largely by the practice of those precepts so faithfully taught in all our large training-schools, and which relate to scientific methods of disinfection, sterilization, and isolation. It may be furthered by the isolation and proper precautions that nurses impose upon themselves.

In none of these have we failed, but too often we forget to sow the seed of knowledge and thoughtfulness which shall spring up and bear fruit—even a thousand-fold.

How many have corrected the idea that "scarlatina" is a less infectious disease than "scarlet fever," and therefore its care demands less of precaution than a typical case, by the explanation that while it may be a mild form, its infecting principle is the same as that found in serious cases, and the necessity for isolation and disinfection is equally urgent?

How many, upon hearing of a "scarlet rash" in the neighborhood or among friends, have said, "That is dangerous. You owe it to the

community in which you live to keep that person from contact with others until such time as a thoughtful medical practitioner pronounces him safe to mingle with his kind"?

How many nurses are now clinging to the old belief that scarlet fever is not infectious until desquamation has fairly set in, and how many know the precise moment when desquamation begins?

How many realize the fact that certain articles, as books used by persons isolated for these mild attacks, are incapable of thorough disinfection, and therefore should be destroyed?

We know of no means whereby books may be rendered safe unless it may be by heat, and that destroys them. The fumes of formaldehyde, a thorough surface disinfectant, will not do it unless each page be separately exposed to its influence, which is practically impossible. Borrowed books ought never to find their way to such patients unless their return to the owner is not expected.

It is a plea for more thorough precautions in the care of mild cases of infectious diseases that we would make. There will always undoubtedly be harm done and epidemics started by unrecognized cases, and it may be that no one is blameworthy at the time unless those who should be vigilant fail through ignorance, which is always blameworthy in one who assumes responsibility.

Certainly no trained nurse, with all her wealth of practical experience, text-book instruction, and teaching in the lecture-room, can be excused if she fails in any particular.

## NOTES

Since it is an established fact that the virulence of the tubercle bacillus is best maintained in the dark and does not develop well in the sunlight, it follows that all places frequented by persons suffering from tuberculosis should be flooded with sunlight, which is said to kill the germ within a period of time ranging from a few minutes to several hours, according somewhat to the amount and the manner of exposing the collection to its influence.

Evil habits often follow the use of sedatives for sleeplessness. Would it not be better to discover the cause of sleeplessness and treat that?

If caused by stimulating drinks, as tea or coffee taken at or near bedtime, avoid them; if caused by want of food, let some light nourishment be taken before retiring for the night; if due to an overwrought nervous system, possibly a little calm reading, of a nature not exciting, would have the desired effect. In some people, especially those that are anæmic, cold feet at night may prevent sleep; for these a hot-water

bottle and the envelopment of feet and legs in flannel should be used. In persons having a sluggish circulation, a little hot beef-tea or hot milk taken upon going to bed may have the desired effect.

It is said that nocturnal enuresis may be prevented in children by the simple expedient of elevation of the pelvis. The elevation is obtained by allowing the child one flat pillow for his head and placing one or two under the pelvis. This plan works especially well with older children, but young children require considerable watchfulness on the part of the mother or nurse in order to keep them in position. Limiting the amount of liquids taken by children thus afflicted will aid greatly in overcoming the difficulty.

The odor of iodoform may be removed from the hands of the surgeon or nurse by rubbing them with a teaspoonful of vinegar after soap and water have been freely used.

Aqua ammonia will remove stains on body or clothing made by tincture iodine.

To remove stains and discolorations from glass catheters, douche tubes, and syringes, put them in a basin of water with two drachms of lysol (two per cent.) and boil for one-half hour or more.

The odor of soda wash (chlorinated soda) may be removed from the hands by first washing them in cold water without soap, then rinsing them with a little spirits ammonia aromatic.

Keeping a child's nasal passages clean will often prevent mouth breathing.

Sponging a baby's head with cold water after the morning bath acts as a preventive of cold in the head.

Do not use too strong a solution of sodii bicarb. or of sodii borat. for washing mouths, as a condition of "dry moisture" may result. "Dry moisture" is the apt description of an Irish nurse. This also applies to rubber nipples, which may be made very distasteful to a baby.

Cold cream on the patients' lips before the administration of ether adds much to their comfort.

Glycerine is very irritating to the skin of some people, and more so to their mucous membranes. Keep this in mind when glycerine suppositories are ordered, and especially when glycerine enemata are to be administered. One patient characterized a glycerine suppository as a "burning coal."

It may be local irritation, not temper, which causes some children to scream and kick.

On a case of appendectomy in which a wet dressing was used, and there was fecal discharge for six months, the nurse found that washing the patient's back with solution of corrosive sublimate 1 to 2000 or 1 to 3000 prevented bed-sores. This was done twice a day. The same result may be obtained by the use of olive oil.

The teeth call for special attention in contagious diseases. No nurse can be said to be strictly aseptic whose teeth are in a condition of decay or whose buccal cavity is otherwise unclean. For the former, the attention of a dentist is required, while an antiseptic mouth-wash should be freely used for the latter.

Three Italian doctors have been making an experiment to free a certain locality of mosquitoes. Their method is to saturate the surrounding pools with chlorine and petroleum twice a month. The chlorine is supposed to destroy the mosquito, and the petroleum the larvæ. If successful, the method might prove a great blessing to any locality infested with these pests.

In order that surgical operations may be successful from an aseptic point of view, they must be conducted with constant reference to the minutest details regarding precautions. The attention perhaps cannot be wholly concentrated upon the details of aseptic precautions during an operation, consequently there are many breaks in the technique, often with disastrous results. The habit of taking precautions should be so strong upon the nurse that their practice becomes second nature. In other words, *she should do by instinct* all things necessary for the exclusion of disease-producing bacteria. She should not only do all things necessary, but she would do well to practise more than is simply necessary by forming a habit of taking such precautions as may seem trivial or even superfluous, thus avoiding the necessity for decision regarding trifles while the operation is in progress. If precautionary methods are to be instinctive, does it not follow that they must be constantly practised? Do even our large hospitals furnish the means for such thorough training of all their nurses? Is not herein the cause of failure on the part of many accomplished nurses when they essay to assist at surgical operations? Would it not be possible to meet the defect by class drill in the large hospitals? If public-school children can be taught by fire-drills to meet emergencies in that line, then why may not nurses be taught in a similar manner to take necessary aseptic precautions in real operations?